	RATION FOR PATENT APPLICATION		OWER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER			
As a below named invent	or, I hereby declare that:						
My residence, post	My residence, post office address and citizenship are as stated below next to my name.						
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
USE OF THIENOP	USE OF THIENOPYRIMIDINES						
the specification of	the specification of which (check only one item below):						
is attache	is attached hereto.						
☐ was filed	l as United States application	ı.					
Serial No	O						
on							
and was	and was amended						
on	on (if applicable).						
Number	Number PCT/EP2004/011551						
on 14.10	on 14.10.2004,						
	and was amended under PCT Article 19						
on (if applicable).							
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
continuation-in-part	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
application(s) and of application(s) design application applicatio	of any foreign application(s nating at least one country or pplication(s) for patent or inv	) for patent or inventor ther than the United State entor's certificate or any	or 365 (b) of the following United Societies or 365(a) of any Pess of America listed below and have PCT international application(s) described below and the subject matter having a filing date	CT international ve also identified signating at least			
PRIOR U.S. PROVISIONAL			ORITY CLAIMS UNDER 35 U.S.C. 1  DATE OF FILING	19: PRIORITY CLAIMED			
(if PCT, indicate "PC"	1)	LICATION NUMBER	(day, month, year)	UNDER 35 USC 119			
DE	103 51 436.8	D	4. November 2003	YES NO			
				YES NO			
				YES NO			
				YES NO			
POWED OF ATTORNE	Y. As a named inventor I ha	rehy appoint I William M	illen (19,544); John L. White (17,74	46). Anthony I			
Zelano (27,969); Alan E Traverso (30,595); John J. Branigan (40,921); Ro	<ul><li>J. Branigan (20,565); John R</li><li>A. Sopp (33,103); Richard M</li></ul>	. Moses (24,983); Harry B . Lebovitz (37,067); James Jonathan G. Brown (47,45	<ul> <li>Shubin (32,004); Brion P. Heaney</li> <li>E. Ruland (37,432); Nancy Axelro</li> <li>1); and Csaba Henter (50,908) to pro</li> </ul>	(32,542); Richard J. d (44,014); Jennifer			
Send Correspondence to:		Telephone No. 703/243-6333		ct Telephone Calls to:			



PATENT TRA DEMARK OFFICE

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0 7	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY	

## Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0 8	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0 9	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY	
2 1 0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
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1 2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE 0 9. MÄR 2006	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 202)  Letter of the control o	DATE 1 <b>0 9.</b> MÄR 2006	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 103 - John Molecul	<b>0 9.</b> MÄR 2006	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204  William ed Marteulrey	<b>8^9</b> . Mär 2000	SIGNATURE OF INVENTOR 210	DATE
Helger Dodat 0	рате 9. MäR 2006	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF VENTOR 206	рате <b>0 9</b> . Mär 2006	SIGNATURE OF INVENTOR 212	DATE